

STATE OF _____

COUNTY OF _____

AFFIDAVIT

VERIFICATION OF ACCURACY OF INFORMATION

Before me, the undersigned authority, personally appeared _____ who, being by me duly sworn and deposed, stated as follows:

1. My name is _____ and I am of sound mind, capable of making this affidavit and personally acquainted with the facts herein stated.
2. I am a company officer of _____ Company, an entity authorized to transact the business of insurance in the State of New Jersey. I hold the position of _____ within this company.
3. I have received a copy of the survey regarding race-based pricing of life insurance policies and certify that the information provided within is correct and accurate.

Signature of Company Officer

In witness whereof, I have hereunto subscribed my name and affixed my official seal this _____ day of _____ of 2000.

Signature of Notary

(seal)

NEW JERSEY DEPARTMENT OF BANKING AND INSURANCE
SURVEY OF RACE-BASED PRICING OF LIFE INSURANCE

Name of Insurance Company: _____
Printed Name of Person providing Information: _____
Title: _____
Direct Telephone Number: _____ Fax Number: _____
Email address: _____

For purposes of this survey the term race based underwriting/pricing shall include, but not be limited to, one or more of the following practices based on an applicant's or insured's race or color:

- limiting the amount, extent, or kind of coverage available
- charging or collecting higher premiums or rates
- assigning of risk classifications
- crediting of or providing lower dividends, policy benefits, or nonforfeiture values
- making any distinction as to policy terms or conditions
- imposing of different underwriting requirements (categorized by medical requirements vs. non-medical requirements)

DIRECT BUSINESS

1. Has your company ever marketed or issued life insurance policies using race-based underwriting/pricing? Include policies transferred to another insurer. If NO proceed to Question 7.

YES _____ NO _____

2. Is your company currently marketing or issuing life insurance policies using race-based underwriting/pricing?

YES _____ NO _____

Note: Please provide a narrative description fully detailing the review process used in answering this survey. This process should include a review and examination of all relevant documents, including, but not limited to, rate charts, mortality tables, plan codes, agent and broker contracts, compensation and commission schedules, underwriting manuals, agent manuals, policy applications, policy forms, board of directors (and committee) minutes, and internal memoranda.

3. If your answer to Question No. 1 was “Yes” but your answer to Question No. 2 was “No” please state when your company ceased using race-based underwriting/pricing practices.

4. Does your company still have in force, as of the date of this survey, any life insurance policies that were issued using race-based underwriting/pricing practices?

YES _____ NO _____

5. If the answer to Question 4 was “Yes” please provide the following information on policies issued by your company.

STATE	a. number of policies in force	b. total annual premium	c. total face amount	d. total current cash value	e. policy form # (s) and date(s) of approval
Alabama					
Alaska					
Arizona					
Arkansas					
California					
Colorado					
Connecticut					
Delaware					
District of Columbia					
Florida					
Georgia					
Hawaii					
Idaho					
Illinois					
Indiana					
Iowa					
Kansas					
Kentucky					
Louisiana					
Maine					
Maryland					

STATE	a. number of policies in force	b. total annual premium	c. total face amount	d. total current cash value	e. policy form # (s) and date(s) of approval
Massachusetts					
Michigan					
Minnesota					
Mississippi					
Missouri					
Montana					
Nebraska					
Nevada					
New Hampshire					
New Jersey					
New Mexico					
New York					
North Carolina					
North Dakota					
Ohio					
Oklahoma					
Oregon					
Pennsylvania					
Rhode Island					
South Carolina					
South Dakota					
Tennessee					
Texas					
Utah					
Vermont					
Virginia					
Washington					
West Virginia					
Wisconsin					
Wyoming					

6. If you answered “Yes” to any of the above questions please describe any steps your company has taken to remedy and/or make restitution to policyholders affected by the race-based underwriting/pricing practices, including the following information:

- what specific actions were taken
- the number of policies on which and the years in which actions were taken
- the pricing mortality tables, rate tables, or dividend scales used
- adjustments made to nonforfeiture values or other policy benefits
- the status (inforce vs. terminated) of the affected blocks of business at the time the action(s) were taken

ASSUMED BUSINESS

7. Has your company assumed from another insurer any life insurance policies that were marketed or issued using race-based underwriting/pricing practices?

YES _____ NO _____

If yes, identify the insurer from which such business was assumed.

8. Does your company still have in-force, as of the date of this survey, any assumed life insurance policies that were marketed or issued using race-based underwriting/pricing practices?

YES _____ NO _____

Note: Please provide a narrative description fully detailing the review process used in answering this survey. This process should include a review and examination of all relevant documents, including, but not limited to, rate charts, mortality tables, plan codes, agent and broker contracts, compensation and commission schedules, underwriting manuals, agent manuals, policy applications, policy forms, board of directors (and committee) minutes, and internal memoranda.

9. If the answer to Question 7 was “Yes” please provide the following information on policies assumed by your company.

STATE	a. number of policies in force	b. total annual premium	c. total face amount	d. total current cash value	e. policy form # (s) and date(s) of approval
Alabama					
Alaska					

STATE	a. number of policies in force	b. total annual premium	c. total face amount	d. total current cash value	e. policy form # (s) and date(s) of approval
Arizona					
Arkansas					
California					
Colorado					
Connecticut					
Delaware					
District of Columbia					
Florida					
Georgia					
Hawaii					
Idaho					
Illinois					
Indiana					
Iowa					
Kansas					
Kentucky					
Louisiana					
Maine					
Maryland					
Massachusetts					
Michigan					
Minnesota					
Mississippi					
Missouri					
Montana					
Nebraska					
Nevada					
New Hampshire					
New Jersey					
New Mexico					
New York					

STATE	a. number of policies in force	b. total annual premium	c. total face amount	d. total current cash value	e. policy form # (s) and date(s) of approval
North Carolina					
North Dakota					
Ohio					
Oklahoma					
Oregon					
Pennsylvania					
Rhode Island					
South Carolina					
South Dakota					
Tennessee					
Texas					
Utah					
Vermont					
Virginia					
Washington					
West Virginia					
Wisconsin					
Wyoming					

10. If you answered “Yes” to any of the above Questions 7 through 9 please describe any steps your company has taken to remedy and/or make restitution to policyholders affected by the race-based underwriting/pricing practices, including the following information:

- what specific actions were taken
- the number of policies on which and the years in which actions were taken
- the pricing mortality tables, rate tables, or dividend scales used
- adjustments made to nonforfeiture values or other policy benefits
- the status (inforce vs. terminated) of the affected blocks of business at the time the action(s) were taken